

1. Go to [http://abn.alabama.gov/abnonline/AddNew\\_Collaboration\\_Login.aspx](http://abn.alabama.gov/abnonline/AddNew_Collaboration_Login.aspx)
2. Login with your RN License # and Last 4 of your SSN. **Example:** 1-123456 and 1234
3. If your details are valid, you will see the screen below.

**Personal Information**

**Name**

\* First Name :

Middle Name :

\* Last Name :

Maiden Name :

**Address**

\* Address1 :

Address2 :

\* City :

\* State :

\* County :

\* Zip :

4. This screen should display your name, address, and contact details. You may make changes to these as desired. Please note that changes to last name will not occur until the Board receives a copy of the legal document changing your name. Click on the “Next” button.
5. The next screen should display your advanced practice certifications on record with the Board of Nursing. Click on the “Next” button.

**Certification**

CertifyOrg	Speciality	CertificatonNumber	License Type	StartDate	EndDate
AMERICAN NURSES CREDENTIALING CENTER - CRNP	ACUTE CARE NP	12345678	CRNP	09/04/2013	04/02/2014
NATIONAL BOARD FOR CERTIFICATION OF HOSPICE AND PALLIATIVE CARE	ADVANCED CERTIFIED HOSPICE AND PALLIATIVE CARE NURSE	12	CRNP	03/05/2014	03/27/2014

**Next**

- The next screen will allow you to add the new collaborating physician, covering physician(s) if required, practice site(s) and other details like the expected start date of the collaboration, hours, protocol, and formulary.

**Note:** Those who have used ABN's online applications for "Initial CRNP" and "Initial CNM" will recognize the screen layout is the same as in those applications. After entering all the required fields, click on the "Next" button.

Demographics Certification Collaboration Regulatory Questions Preview Preview Pay and Submit

**Collaboration - Physician**

Select License Type : CRNP-1-999995 ▼

**Physician Identification**

\* Physician Name:

Note: To select a physician, click on "Search Physician" and search by physician name or license #.

\* Physician's Mailing Address:

\* City:

\* State: ALABAMA ▼

\* Zip:

\* County: Select County ▼

\* Phone #:

Alternate Phone:

Fax:

Email:

**Search Physician**

- Please note:** If the primary or covering physician you want to add is not found using the "Search Physician" button, click on the "Add New" to add this physician's detail into our database. Always, enter your search criteria like physician's name/license # and use the "Search Physician" button before you use the "Add New" feature. Otherwise this will duplicate data.

**Search Physician**

Search Physician

First Name:  Last Name :

License #: --Select LicensePrefix--

**Add New** **Search Physician** **Clear**

Please use the add new button only if the physician you want to add is not already available in our database. Click on " Search Physician " after entering the name/license # of the physician to check if the Physician is available in the database.

8. The next screen has 6 regulatory questions that every applicant must answer. **Please read through the questions carefully before answering.** If you answer “Yes” to any of the questions, a box will appear as shown below to type in your explanations. Please click on “Next” to continue.

Demographics Certification Collaboration Regulatory Questions Preview Preview Pay and Submit

**Regulatory Questions**

**Regulatory Questions**

1. Since your last collaborative practice application, have you been notified of an active investigation from any Board of Nursing, regulatory agency or law enforcement agency?

☒ Yes ☐ No

Please enter your explanation here :

**Next**

9. The next screen shows you a “Preview” of your application as it will be submitted to the Board of Nursing. **This will be your last chance to make sure your details are correct** before ABN receives the application. Click on “Next” to continue.

Demographics	Certification	Collaboration	Regulatory Questions	Preview	Preview Pay and Submit
<b>Preview</b>					
<div>Personal Information</div> <div> <div>Name</div> <div> * First Name : <input type="text" value="Monitoring"/>  Middle Name : <input type="text" value="Abn"/>  * Last Name : <input type="text" value="Dummy"/>  Maiden Name : <input type="text" value="DummyMaiden"/> </div> </div> <div> <div>Address</div> <div> * Address1 : <input type="text" value="Po Box 3039000"/>  Address2 : <input type="text" value="3"/>  * City : <input type="text" value="Montgomery"/>  * State : <input type="text" value="ALABAMA"/>  * County : <input type="text" value="Montgomery"/>  * Zip : <input type="text" value="36139"/> </div> </div> <div> <div>Contact</div> <div> * Phone # : <input type="text" value="(333) 333-3333"/> </div> </div>					

10. The next screen will enable you to pay for your application. **Please make sure your card has at least \$53.50** to process the application successfully. \$50 is the charge for a new collaboration application and \$3.50 is the card processing fee. Clicking on the “Submit” will process your payment as well as send your application to ABN.

<b>Payment</b>	
* Amount Due:	<input type="text" value="50.00"/>
* Transaction Fee:	<input type="text" value="3.50"/>
* Total:	<input type="text" value="53.50"/>
* Person's Name on Card:	<input type="text"/>
* Select Debit or Credit:	<input type="text" value="Select Debit or Credit"/>
* Card Type:	<input type="text" value="---Select Card Type---"/>
* Card #:	<input type="text"/>
* Expiration Date:	<input type="text" value="Select"/> <input type="text" value="Select"/>
* Security Code:	<input type="text"/>
(The security code is a three- or four-digit number printed on the back of your card)	
* 5 Digit Billing Zip Code :	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

11. **Please Note:**

- Applications with one or more “Yes” answers will not be processed until the Board receives documentation about the same and approves your application.
- Adding a new collaborating physician will **NOT** change CRNP/CNM status immediately. The application must be processed by the Board before your CRNP/CNM status change occurs. For example, if your current CRNP/CNM status is “Eligible For Collaboration” and you submit a new collaboration application, your status will not change instantly after you submit.
- You will have the option to print/email your receipt at the end of the application process. Please note that you cannot get the receipt automatically at a later point.